

# IRONWORKERS LOCAL 11 PENSION FUND

## BENEFICIARY DESIGNATION FOR DEATH BENEFITS FORM

Complete this form to designate a beneficiary to receive the 120 Month Guarantee, in the event of your death prior to commencing benefits from the Pension Fund or your death before the 120 Month Guarantee benefits are paid to you. If you are married, you and your spouse must complete this form and a Spousal Statement Form which *must be notarized*.

### Employee's Statement

\_\_\_\_\_  
PRINT: Participant Last Name                      First Name              M.I.                      Social Security No.

I, hereby, designate the following person(s) as Primary Beneficiary(ies) to receive benefits from the Ironworkers Local 11 Pension Fund and acknowledge that this beneficiary(ies) designation may be revoked at any time prior to my retirement without prejudice to my right to future beneficiary(ies) designation(s) by the proper completion, signing and filing with the Fund Office a new Beneficiary Designation for Death Benefits form.

\_\_\_\_\_  
Name of Beneficiary                      Social Security No.                      Relationship              %

\_\_\_\_\_  
Beneficiary Address

\_\_\_\_\_  
Name of Beneficiary                      Social Security No.                      Relationship              %

\_\_\_\_\_  
Beneficiary Address

\_\_\_\_\_  
Name of Beneficiary                      Social Security No.                      Relationship              %

\_\_\_\_\_  
Beneficiary Address

If more than one Primary Beneficiary is designated, payment will be made in equal shares to the surviving Beneficiary(ies) unless a percentage is indicated.

In the event that my Primary Beneficiary(ies), named above, predecease me. I hereby designate the following Secondary Beneficiary(ies) to receive Pension Fund benefits. It is understood that if any Primary Beneficiary(ies) survives me, no benefit will be paid to a Secondary Beneficiary.

\_\_\_\_\_  
Name of Secondary Beneficiary Social Security No. Relationship %

\_\_\_\_\_  
Beneficiary Address

\_\_\_\_\_  
Name of Secondary Beneficiary Social Security No. Relationship %

\_\_\_\_\_  
Beneficiary Address

I acknowledge that any benefit payable under the Pension Fund will be paid to my spouse and not the above named beneficiary(ies) if I am married at the time of my death and the Fund Office does not have an up-to-date, properly executed consent form from my spouse on file.

[ ] I hereby certify that I am not legally married at this time.

\_\_\_\_\_  
Participant Signature Participant Social Security No.

\_\_\_\_\_  
Date

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS:

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_

\_\_\_\_\_ known to me to be the person described in and who executed the foregoing statement and duly acknowledged to me that (s)he executed same.

\_\_\_\_\_  
Notary Public

Seal

SPOUSAL CONSENT TO WAIVER OF HUSBAND AND WIFE PENSION

I, \_\_\_\_\_, am the spouse of \_\_\_\_\_  
Your Name Participant's Name

I have carefully read the SPD and estimate of Pension Benefit Options provided to my spouse. I understand that I have the right to have the Ironworkers Local 11 Pension Fund pay my spouse's retirement benefits in the Husband & Wife Pension form, and I agree to give up that right. I understand by signing this form, I may receive less money than I would have received under the Husband & Wife Pension form and I may receive nothing after my spouse dies, unless I am designated as beneficiary under the 120-Month Benefit Guarantee.

I agree that my spouse can receive benefits as indicated on the Benefit Election Form.

I also agree to my spouse's choice of \_\_\_\_\_ as the beneficiary who will receive any benefits he or she may be entitled to under the 120 month guarantee pension. I understand that my spouse cannot choose a different form of retirement benefit or a different beneficiary unless I agree to the change.

I understand that I do not have to give my consent. I am signing this agreement voluntarily.

I understand that if I do not sign this consent form, my spouse will receive payments from the Pension Fund in the Husband & Wife Pension form.

I understand that if I do not sign this consent and my spouse dies during my lifetime, I would be entitled to receive a spouse's benefit for the remainder of my life. I understand fully the consequence of this action on my part, and the loss of benefits that I may experience if I sign this consent. I understand that I may not revoke this consent.

I have participated in my spouse's decision to decline coverage under the Husband & Wife Pension form of benefit, and my action is voluntary and freely taken on my part.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, came \_\_\_\_\_ to me known to be the person described above, executed the foregoing statement before me under oath.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date